

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-02042A

Fools Hollow Water Company, Inc.
P.O. Box 484
Show Low, AZ 85902-0484

RECEIVED
APR 18 2011
ACC UTILITIES DIRECTOR

ANNUAL REPORT
Water

FOR YEAR ENDING

12	31	2010
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FOR COMMISSION USE

ANN 04	10
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4-25-11

COMPANY INFORMATION

Company Name (Business Name) ____ Fools Hollow Water Company, Inc. _____		
Mailing Address ____ P.O. Box 484 _____ <div>(Street)</div>		
____ Show Low _____ <div>(City)</div>	____ AZ _____ <div>(State)</div>	____ 85902-0484 _____ <div>(Zip)</div>
____ (928) 537-1114 _____ <div>Telephone No. (Include Area Code)</div>	____ (928) 537-5060 _____ <div>Fax No. (Include Area Code)</div>	____ _____ <div>Cell No. (Include Area Code)</div>
Email Address ____ vmac@citlink.net _____		
Local Office Mailing Address __ Same as above _____ <div>(Street)</div>		
____ _____ <div>(City)</div>	____ _____ <div>(State)</div>	____ _____ <div>(Zip)</div>
____ _____ <div>Local Office Telephone No. (Include Area Code)</div>	____ _____ <div>Fax No. (Include Area Code)</div>	____ _____ <div>Cell No. (Include Area Code)</div>
Email Address _____		

MANAGEMENT INFORMATION

<input type="checkbox"/> Regulatory Contact:			
<input checked="" type="checkbox"/> Management Contact: ____ Victoria McCarty _____ President/CEO _____ <div>(Name)</div> <div>(Title)</div>			
____ P.O. Box 484 _____ <div>(Street)</div>	____ Show Low _____ <div>(City)</div>	____ AZ _____ <div>(State)</div>	____ 85902-0484 _____ <div>(Zip)</div>
____ (928) 537-1114 _____ <div>Telephone No. (Include Area Code)</div>	____ (928) 537-5060 _____ <div>Fax No. (Include Area Code)</div>	____ _____ <div>Cell No. (Include Area Code)</div>	
Email Address ____ vmac@citlink.net _____			
On Site Manager: __ Same as above _____ <div>(Name)</div>			
____ _____ <div>(Street)</div>	____ _____ <div>(City)</div>	____ _____ <div>(State)</div>	____ _____ <div>(Zip)</div>
____ _____ <div>Telephone No. (Include Area Code)</div>	____ _____ <div>Fax No. (Include Area Code)</div>	____ _____ <div>Cell No. (Include Area Code)</div>	
Email Address _____			

Statutory Agent: _____		Victoria McCarty _____	
(Name)			
____ 1500 W. Deuce of Clubs _____	____ Show Low _____	____ AZ _____	____ 85901 _____
(Street)	(City)	(State)	(Zip)
____ (928) 537-1114 _____	____ (928) 537-5060 _____		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Attorney: _____		Grant & Vaughn, PC _____	
(Name)			
____ 6225 N. 24 th Street/Suite 125 _____	____ Phoenix _____	____ AZ _____	____ 85016 _____
(Street)	(City)	(State)	(Zip)
____ (602) 393-4322 _____	____ (602) 393-4327 _____		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address _____			

OWNERSHIP INFORMATION

Check the following box that applies to your company:

<input type="checkbox"/> Sole Proprietor (S)	<input type="checkbox"/> C Corporation (C) (Other than Association/Co-op)
<input type="checkbox"/> Partnership (P)	<input checked="" type="checkbox"/> Subchapter S Corporation (Z)
<input type="checkbox"/> Bankruptcy (B)	<input type="checkbox"/> Association/Co-op (A)
<input type="checkbox"/> Receivership (R)	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Other (Describe) _____	

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

<input type="checkbox"/> APACHE	<input type="checkbox"/> COCHISE	<input type="checkbox"/> COCONINO
<input type="checkbox"/> GILA	<input type="checkbox"/> GRAHAM	<input type="checkbox"/> GREENLEE
<input type="checkbox"/> LA PAZ	<input type="checkbox"/> MARICOPA	<input type="checkbox"/> MOHAVE
<input checked="" type="checkbox"/> NAVAJO	<input type="checkbox"/> PIMA	<input type="checkbox"/> PINAL
<input type="checkbox"/> SANTA CRUZ	<input type="checkbox"/> YAVAPAI	<input type="checkbox"/> YUMA
<input type="checkbox"/> STATEWIDE		

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	10,214	0	10,214
304	Structures and Improvements	4,578	4,137	441
307	Wells and Springs	24,703	17,005	7,698
311	Pumping Equipment	11,834	11,834	0
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes	59,170	29,045	30,125
331	Transmission and Distribution Mains	257,142	70,241	186,901
333	Services	6,390	6,390	0
334	Meters and Meter Installations	49,923	20,937	28,986
335	Hydrants	8,085	1,159	6,926
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	3,340	892	2,448
340	Office Furniture and Equipment	5,644	3,236	2,408
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	441,023	164,876	276,147

This amount goes on the Balance Sheet Acct. No. 108

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights	10,214	0	0
304	Structures and Improvements	4,578	2.45	112
307	Wells and Springs	24,703	2.97	734
311	Pumping Equipment	11,834	5.05	0
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes	59,170	1.80	1,065
331	Transmission and Distribution Mains	257,142	2.20	5,657
333	Services	6,390	2.96	0
334	Meters and Meter Installations	49,923	3.82	1,907
335	Hydrants	8,085	1.94	157
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	3,340	6.68	223
340	Office Furniture and Equipment	5,644	5.14	290
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	441,023		10,145

This amount goes on the Comparative Statement of Income and Expense _____
Acct. No. 403.

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$65,408	\$49,277
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable	8,831	10,022
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$74,239	\$59,299
	FIXED ASSETS		
101	Utility Plant in Service	\$439,010	\$439,010
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	(154,731)	(164,876)
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$284,279	\$274,134
	TOTAL ASSETS	\$358,518	\$333,433

NOTE: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITES		
231	Accounts Payable	\$1,961	\$1,060
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies	50,000	0
235	Customer Deposits	15,210	12,446
236	Accrued Taxes	679	705
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$67,850	\$14,211
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction	129,019	128,048
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction	10,250	10,250
272	Less: Amortization of Contributions	(678)	(904)
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$138,591	\$137,394
	TOTAL LIABILITIES	\$206,441	\$151,605
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$12,400	\$12,400
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings	139,677	169,428
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$152,077	\$181,828
	TOTAL LIABILITIES AND CAPITAL	\$358,518	\$333,433

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$116,935	\$122,597
460	Unmetered Water Revenue		
474	Other Water Revenues	2,541	3,155
	TOTAL REVENUES	\$119,476	\$125,752
	OPERATING EXPENSES		
601	Salaries and Wages	\$	\$
610	Purchased Water		
615	Purchased Power	7,855	6,523
618	Chemicals		
620	Repairs and Maintenance	11,569	5,583
621	Office Supplies and Expense	6,026	6,383
630	Outside Services	40,056	34,087
635	Water Testing	1,677	1,362
641	Rents	12,056	12,056
650	Transportation Expenses	2,318	1,355
657	Insurance – General Liability	556	556
659	Insurance - Health and Life	3,377	
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		
403	Depreciation Expense	10,152	10,145
408	Taxes Other Than Income	9,181	10,142
408.11	Property Taxes	7,722	7,775
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$112,545	\$95,967
	OPERATING INCOME/(LOSS)	\$6,931	\$29,785
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$290	\$45
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense	(79)	(79)
	TOTAL OTHER INCOME/(EXPENSE)	\$211	(\$34)
	NET INCOME/(LOSS)	\$7,142	\$29,751

SUPPLEMENTAL FINANCIAL DATA

Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End	<div>\$11,246</div>
Meter Deposits Refunded During the Test Year	<div>\$ 2,514</div>

COMPANY NAME: Fools Hollow Water Company, Inc.	
Name of System: Fools Hollow-Park Valley	ADEQ Public Water System Number: 09-011

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-628643	30	150	500	8	2	1977

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
N/A		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
None		13	

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
300,000 gallon For system 09-011 Fools Hollow-Park Valley (Fools Hollow 35%; Park Valley 65%)	1		

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: Fools Hollow Water Company, Inc.	
Name of System: Fools Hollow-Park Valley	ADEQ Public Water System Number: 09-011

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS		
Size (in inches)	Material	Length (in feet)
2	Plastic	1,505
3	Plastic	145
4	Plastic	10,095
5		
6	Plastic	20,684
8	Plastic	4,782
10		
12		

CUSTOMER METERS	
Size (in inches)	Quantity
5/8 X ¾	357
3/4	2
1	2
1 1/2	
2	1
Comp. 3	1
Turbo 3	1
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT: None

STRUCTURES: One (1) well house

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: Fools Hollow Water Company, Inc.	
Name of System: Fools Hollow-Park Valley	ADEQ Public Water System Number: 09-011

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2010

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	329	1,001	1,094	0
FEBRUARY	327	714	780	0
MARCH	327	879	959	0
APRIL	330	1,264	1,377	0
MAY	334	1,866	2,023	0
JUNE	338	2,628	2,838	0
JULY	341	2,737	2,959	0
AUGUST	340	1,767	1,923	0
SEPTEMBER	346	1,891	2,048	0
OCTOBER	340	1,764	1,919	0
NOVEMBER	331	1,051	1,145	0
DECEMBER	330	968	1,054	0
TOTALS →		18,530	20,119	0

What is the level of arsenic for each well on your system? <.0030 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? 1,000_GPM for 2 hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
☐ Yes ☐ No ☒ N/A – No chlorination treatment

Is the Water Utility located in an ADWR Active Management Area (AMA)?
☐ Yes ☒ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
☐ Yes ☒ No

If yes, provide the GPCPD amount:_____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: Fools Hollow Water Company, Inc.	
Name of System: Fools Hollow-Park Valley	ADEQ Public Water System Number: 09-011

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			8	
FEBRUARY			5	
MARCH			3	
APRIL			5	
MAY			4	
JUNE			2	
JULY			6	
AUGUST			3	
SEPTEMBER			2	
OCTOBER			4	
NOVEMBER		1	2	
DECEMBER		3	12	1
TOTALS →		4	56	1

OTHER (description): Leak

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2010 was: \$__7,774.60_____

Attach to this annual report proof (e.g. property tax bills stamped “paid in full” or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why._____

**VERIFICATION
AND
SWORN STATEMENT**
Taxes

RECEIVED
APR 13 2011
ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	Navajo
NAME (OWNER OR OFFICIAL) TITLE	Victoria McCarty, President/CEO
COMPANY NAME	Fools Hollow Water Company, Inc.

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

Victoria McCarty

SIGNATURE OF OWNER OR OFFICIAL

(928) 537-1114

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

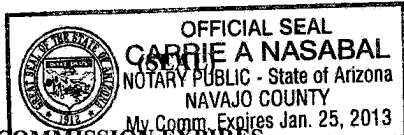
A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

13th

DAY OF April

COUNTY NAME	Navajo	
MONTH	April 13th	2011



MY COMMISSION EXPIRES

Jan. 25th, 2013

Carrie A. Nasabal

SIGNATURE OF NOTARY PUBLIC

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported	<u>0</u>
Estimated or Actual Federal Tax Liability	<u>0</u>
State Taxable Income Reported	<u>0</u>
Estimated or Actual State Tax Liability	<u>0</u>


Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances	<u>0</u>
Amount of Gross-Up Tax Collected	<u>0</u>
Total Grossed-Up Contributions/Advances	<u>0</u>

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year’s annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

	<u>4/13/2011</u>
SIGNATURE	DATE

<u>Victoria McCarty</u>	<u>President/CEO</u>
PRINTED NAME	TITLE

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

RECEIVED
APR 13 2011
ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF Arizona

**I, THE UNDERSIGNED
OF THE**

COUNTY OF (COUNTY NAME) Navajo
NAME (OWNER OR OFFICIAL) TITLE Victoria McCarty, President/CEO
COMPANY NAME Fools Hollow Water Company, Inc.

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2010 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 125,752

**(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 10,142
IN SALES TAXES BILLED, OR COLLECTED)**

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**


SIGNATURE OF OWNER OR OFFICIAL
(928) 537-1114
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

13th

April
DAY OF

COUNTY NAME

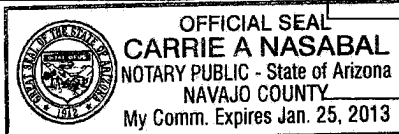
Navajo

MONTH

April 13th

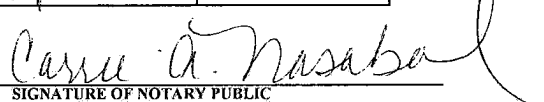
2011

(SEAL)



MY COMMISSION EXPIRES

Jan. 25th, 2013


SIGNATURE OF NOTARY PUBLIC

VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
Intrastate Revenues Only

RECEIVED
APR 20 2011
ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

COUNTY OF (COUNTY NAME) Navajo	
NAME (OWNER OR OFFICIAL) Victoria McCarty	TITLE President/CEO
COMPANY NAME Fools Hollow Water Company, Inc.	

MONTH	DAY	YEAR
12	31	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2010 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES \$ <u>115,443</u>
--

THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 9,329
IN SALES TAXES BILLED, OR COLLECTED)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.

Victoria McCarty
SIGNATURE OF OWNER OR OFFICIAL

(928) 537-1114
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

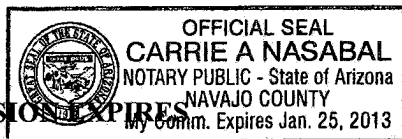
13 th

DAY OF April

NOTARY PUBLIC NAME Carrie A. Nasabal	
COUNTY NAME Navajo	
MONTH April 13 th	YEAR .2011

(SEAL)

MY COMMISSION



Jan. 25th, 2013

Carrie A. Nasabal
SIGNATURE OF NOTARY PUBLIC